Using Patient and Family Networks to Enhance Clinical Risk Communication

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

- Bonnie Carroll, Tragedy Assistance Program for Survivors, Inc. (TAPS)
- Joyce Razear, National Military Family Association (NMFA)
- Stephen Robinson, National Gulf War Resource Center (NGWRC)
- Nancy Head, National Alliance for the Mentally Ill (NAMI)
- Audience content

Using Patient and Family Networks to Enhance Clinical Risk Communication

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

- Purpose of Panel
  - Build connections between advocacy groups and health care providers
  - Groups formed to give a voice to patients and families
- Developed based on needs not addressed by the “system”
  - Information not readily available
  - General mistrust
  - Stigma and lack of awareness

Using Patient and Family Networks to Enhance Clinical Risk Communication

- Types of services
  - Warm and hot lines
  - Websites
  - Support groups
  - Advocacy in Congress/Hospitals to change legislation

Using Patient and Family Networks to Enhance Clinical Risk Communication

- Recommendations
  - Continued marketing important to spread awareness of mission and value
    - Targeted to change agents
    - All levels, top down, bottom up
    - Health care providers need to identify groups in their respective areas (services; how to refer)
    - Distinguish reputable groups
  - Recognize value of support group
    - Shared similar experiences
    - Empower individuals
      - > every individual can make a difference